

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

ADDRESS (number and street)

1630 R STREET NW #703

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20009

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00458000

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Adam Green

Signature of Treasurer

Electronically Filed by Adam Green

Date

1 0

2 1

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010 Y Y Y</div>		431760.24
(b) Cash on Hand at Beginning of Reporting Period .....	317935.55	
(c) Total Receipts (from Line 19) .....	21581.64	665999.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	339517.19	1097759.34
7. Total Disbursements (from Line 31) .....	44725.05	802967.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	294792.14	294792.14
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	2218.07	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	97.68	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4758.00	50189.00
(ii) Unitemized .....	16823.64	565177.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21581.64	615366.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21581.64	615366.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	49124.39
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	1508.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21581.64	665999.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21581.64	665999.10

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	39690.05	730127.05	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	39690.05	730127.05	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5035.00	21003.75	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	100.00	
29. Other Disbursements.....	0.00	51736.40	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44725.05	802967.20	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44725.05	802967.20	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21581.64	615366.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21581.64	615266.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	39690.05	730127.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	49124.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39690.05	681002.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kevin Block-Schwenk

Mailing Address 92 Gordon St. Apt. 403

City

Brighton

State

MA

Zip Code

02135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berklee College of Music

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14405

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Boettner

Mailing Address 9039 Fremont Ave N

City

Seattle

State

WA

Zip Code

98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept Natural Resources

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14406

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Hans Brinkerhoff

Mailing Address 10402 Kay Way

City

Mukilteo

State

WA

Zip Code

98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
not employed

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14409

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
edith byer

Mailing Address pobox 1464  
wainscott

City State Zip Code  
wainscott NY 11975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14432

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
edith byer

Mailing Address pobox 1464  
wainscott

City State Zip Code  
wainscott NY 11975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.14433

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)  
Rosalind Cartwright

Mailing Address 680 N. Lake Shore Dr.Apt.1101  
Chicago

City State Zip Code  
Chicago IL 60611-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.14434

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Dickey

Mailing Address 318 Brookdale Drive

City

Vacaville

State

CA

Zip Code

95687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14438

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Duhaime

Mailing Address 12151 Melody Dr  
202

City

Westminster

State

CO

Zip Code

80234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avaya, Inc.

Occupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.14439

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Debra Greenwood

Mailing Address 1240 Bullock PI SW

City

Lilburn

State

GA

Zip Code

30047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlanta's Best Home Nursi-  
ng Care

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14440

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ken Hayes

Mailing Address 1223 SW Catlin Crest Drive

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

self employed-investor-day trader-libe

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14441

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ed Henne

Mailing Address 1706 Wisconsin Lane

City

Sarasota

State

FL

Zip Code

34239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
not employed

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14447

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Erich Holtmann

Mailing Address 1171 Tilson Drive

City

Concord

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Contra Costa Community Co-  
llege Distric

Occupation

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.14448

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stephen Huntington

Mailing Address 2705 Sycamore Grove Place

City

San Jose

State

CA

Zip Code

95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIC

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14449

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Huntington

Mailing Address 2705 Sycamore Grove Place

City

San Jose

State

CA

Zip Code

95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIC

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14450

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis Karasek

Mailing Address 3603 Paesanos Pkwy, #100

City

San Antonio

State

TX

Zip Code

78231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14452

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Landis

Mailing Address 117 shade st

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAW

Occupation  
pediatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14457

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Lane

Mailing Address 8239 SW Cline Street

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14469

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.14470

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1045.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.14471

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.14472

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.14473

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Joanne Lyman

Mailing Address 163 East 81st St.

City

NYC

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14477

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne Lyman

Mailing Address 163 East 81st St.

City

NYC

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14478

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Cameron Macdonald

Mailing Address 1709 Helena St.  
Madison

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Wisconsin

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14479

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.14480

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14481

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Veronica McClaskey

Mailing Address 6112 NW El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14482

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Mercereau

Mailing Address 1 Second St apt 2508

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
index

Occupation

sales manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14492

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Moldaw

Mailing Address 29 Jacona Road

City

Santa Fe

State

NM

Zip Code

87506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

writer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14495

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas OKeefe II

Mailing Address 175 Quincy Shore Dr.  
Apt B-78

City

Quincy

State

MA

Zip Code

02171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Faulkner Hospital

Occupation

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14496

Amount of Each Receipt this Period

3.00

**SUBTOTAL** of Receipts This Page (optional) .....

513.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14497

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14498

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel Heyman Resnikoff

Mailing Address 26 Tunnel Road

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14508

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jim Reyerson

Mailing Address 1303 K Ave

City

Anacortes

State

WA

Zip Code

98221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14509

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine Rose

Mailing Address 704 City Drive

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14521

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Martha Roth

Mailing Address 20 First Avenue

City

Nyack

State

NY

Zip Code

10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14522

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Deborah Sagner

Mailing Address 67 Valley View Ave

City

Summit

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sagner Companies

Occupation

social worker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14524

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Schooley

Mailing Address 10 Irving Park Circle

City

Reno

State

NV

Zip Code

89503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Nevada

Occupation

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14525

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Del Spiva

Mailing Address 5111 Shenandoah Avenue

City

Ladera Heights

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
freelance

Occupation

Post Production Film Music Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14526

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14528

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14529

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Murali Tegulapalle

Mailing Address 11740 Wilshire Blvd.  
Apt. A2509

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.67

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14530

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kathleen K Thomas

Mailing Address 198 E 7 St #1

City

New York

State

NY

Zip Code

10009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Nation.

Occupation  
Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14537

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lea R. Ward

Mailing Address P.O. Box 985

City

Sonoita

State

AZ

Zip Code

85637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14547

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

laurie wilson

Mailing Address 175 West 12th St 6A

City

NY

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
psychoanalyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14548

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

4758.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Act Blue Technical Services

Mailing Address 11 Arrow Street

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14403

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

795.35

B.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City  
Seattle

State  
WA

Zip Code  
98101

Purpose of Disbursement  
Computers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14315

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

661.58

C.

Full Name (Last, First, Middle Initial)

Avis Rent-a-Car

Mailing Address 1722 M Street, NW

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14391

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

194.66

SUBTOTAL of Disbursements This Page (optional) .....

1651.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.14309

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City  
Springfield

State  
MO

Zip Code  
65802

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.14293

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1056.00

C.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City  
Springfield

State  
MO

Zip Code  
65802

Purpose of Disbursement

Reimbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.14347

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

114.56

**SUBTOTAL** of Disbursements This Page (optional) .....

1195.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Caroline M.L. Dean

Mailing Address 69 Brown Street

City  
Providence

State  
RI

Zip Code  
02912

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14370

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14290

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

37.19

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14304

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

31.91

SUBTOTAL of Disbursements This Page (optional) .....

1069.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14305

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

38.42

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14306

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

40.03

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14331

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

55.35

**SUBTOTAL** of Disbursements This Page (optional) .....

133.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14338

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

37.41

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14365

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

34.64

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14382

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

25.75

**SUBTOTAL** of Disbursements This Page (optional) .....

97.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14383

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

33.64

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14384

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

35.44

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 471 Emerson St

City  
Palo Alto

State  
CA

Zip Code  
94301

Purpose of Disbursement  
Web Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14386

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

35.85

**SUBTOTAL** of Disbursements This Page (optional) .....

104.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 471 Emerson St</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Web Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14402</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>13</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>29.55</div> </p> <p><b>Category/Type</b>  <div></div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FedexKinkos</p> <p>Mailing Address 2020 K Street, NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14359</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>07</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>11.87</div> </p> <p><b>Category/Type</b>  <div></div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FedexKinkos</p> <p>Mailing Address 2020 K Street, NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.14360</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>07</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2.12</div> </p> <p><b>Category/Type</b>  <div></div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**43.54**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Godaddy.com

Mailing Address 14455 N. Hayden Road

City State Zip Code  
 Scottsdale AZ 85260

Purpose of Disbursement  
 Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.17

B.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code  
 Mountain View CA 94043

Purpose of Disbursement  
 Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

702.40

C.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code  
 Mountain View CA 94043

Purpose of Disbursement  
 Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14310

Date of Disbursement

/   /

Amount of Each Disbursement this Period

549.85

**SUBTOTAL** of Disbursements This Page (optional) .....

1264.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Travel-Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14291

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

128.00

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City  
Calhoun

State  
GA

Zip Code  
30701

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14316

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

181.50

C.

Full Name (Last, First, Middle Initial)

FedexKinkos

Mailing Address 2020 K Street, NW

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14316.1

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

21.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

309.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 243 Ridge McIntyre Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14316.2

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

145.66

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City Calhoun State GA Zip Code 30701

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14341

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

278.02

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 243 Ridge McIntyre Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Office Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14341.0

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

43.04

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

278.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 243 Ridge McIntyre Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14341.2

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 243 Ridge McIntyre Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14341.3

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

209.90

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City Calhoun State GA Zip Code 30701

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14393

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

37.50

**SUBTOTAL** of Disbursements This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Karl Grindal

Mailing Address 1746 N. Rhodes Street

City  
Arlington

State  
VA

Zip Code  
22201

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14392

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1466.67

B.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14292

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address 2211 North 1st Street

City  
San Jose

State  
CA

Zip Code  
95131

Purpose of Disbursement  
Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14404

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

60.66

SUBTOTAL of Disbursements This Page (optional) .....

1827.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sandler, Reiff & Young, PC

Mailing Address 300 M Street, SE  
Suite 1102

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14373

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

15210.00

B.

Full Name (Last, First, Middle Initial)

Chris Snook

Mailing Address 110 Pear Street

City Somerville State MA Zip Code 02145

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14372

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

4800.00

C.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City Charlottesville State VA Zip Code 22902

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14336

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

419.75

SUBTOTAL of Disbursements This Page (optional) .....

20429.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Wal-Mart

Mailing Address 700 South Rampart Blvd.

City Las Vegas State NV Zip Code 89145

Purpose of Disbursement

Office Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14336.0

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

419.75

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 243 Ridge McIntyre Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Office Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14330

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

110.20

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 243 Ridge McIntyre Road

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement

Office Equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.14358

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

51.44

SUBTOTAL of Disbursements This Page (optional) .....

161.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B.14366 <b>Date of Disbursement</b>
Mailing Address 243 Ridge McIntyre Road	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	Amount of Each Disbursement this Period
Purpose of Disbursement Office Equipment Candidate Name	<div>68.22</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B.14396 <b>Date of Disbursement</b>
Mailing Address 243 Ridge McIntyre Road	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22903	Amount of Each Disbursement this Period
Purpose of Disbursement Office Equipment Candidate Name	<div>10.59</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tigerdirect.com	<b>Transaction ID:</b> SB21B.14327 <b>Date of Disbursement</b>
Mailing Address 7795 West Flagler Street	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Miami State FL Zip Code 33144	Amount of Each Disbursement this Period
Purpose of Disbursement Office Equipment Candidate Name	<div>221.82</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**300.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Tigerdirect.com	<b>Transaction ID:</b> SB21B.14329 <b>Date of Disbursement</b>
Mailing Address 7795 West Flagler Street	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Miami State FL Zip Code 33144	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Equipment	<div>249.97</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tigerdirect.com	<b>Transaction ID:</b> SB21B.14332 <b>Date of Disbursement</b>
Mailing Address 7795 West Flagler Street	<div> <div>10</div> <div>06</div> <div>2010</div> </div>
City Miami State FL Zip Code 33144	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Equipment	<div>1340.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) VHM Corporation	<b>Transaction ID:</b> SB21B.14295 <b>Date of Disbursement</b>
Mailing Address 117 4th Street, SE	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22902	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Rent	<div>3400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4990.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Wal-Mart

Mailing Address 700 South Rampart Blvd.

City Las Vegas State NV Zip Code 89145

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.14308

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

209.87

**B.**

Full Name (Last, First, Middle Initial)

We Also Walk Dogs

Mailing Address 2003 Springside Drive

City Naperville State IL Zip Code 60565

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.14294

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5209.87

**TOTAL** This Period (last page this line number only) .....

39105.82

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: KY District: 00</p>	<p><b>Transaction ID:</b> SB23.14297</p> <p>Date of Disbursement  <div> <div>10</div> <div>02</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>90.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: KY District: 00</p>	<p><b>Transaction ID:</b> SB23.14300</p> <p>Date of Disbursement  <div> <div>10</div> <div>02</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>25.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: KY District: 00</p>	<p><b>Transaction ID:</b> SB23.14301</p> <p>Date of Disbursement  <div> <div>10</div> <div>02</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>50.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: KY District: 00</p>	<p><b>Transaction ID:</b> SB23.14321</p> <p>Date of Disbursement  <div> <div>10</div> <div>04</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>160.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: KY District: 00</p>	<p><b>Transaction ID:</b> SB23.14322</p> <p>Date of Disbursement  <div> <div>10</div> <div>04</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>200.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name JOHN WILLIAM (JACK) CONWAY</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: KY District: 00</p>	<p><b>Transaction ID:</b> SB23.14323</p> <p>Date of Disbursement  <div> <div>10</div> <div>04</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>200.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**560.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <p>Candidate Name THOMAS STUART PRICE PERRIELLO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.14324</p> <p>Date of Disbursement 10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <p>Candidate Name THOMAS STUART PRICE PERRIELLO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.14328</p> <p>Date of Disbursement 10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <p>Candidate Name ALAN MARK GRAYSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.14333</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ALAN MARK GRAYSON</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: FL District: 08</p>	<p><b>Transaction ID:</b> SB23.14334</p> <p>Date of Disbursement  <div> <div>10</div> <div>06</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>400.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ALAN MARK GRAYSON</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: FL District: 08</p>	<p><b>Transaction ID:</b> SB23.14335</p> <p>Date of Disbursement  <div> <div>10</div> <div>06</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>100.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name MARY JO KILROY</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: OH District: 15</p>	<p><b>Transaction ID:</b> SB23.14339</p> <p>Date of Disbursement  <div> <div>10</div> <div>07</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>250.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Voter Activation Network	<b>Transaction ID:</b> SB23.14362 <b>Date of Disbursement</b>
Mailing Address 48 Grove Street Suite 202	<div> <div>10</div> <div>07</div> <div>2010</div> </div>
City Somerville State MA Zip Code 02144	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind - Phone Calls	<div>100.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Voter Activation Network	<b>Transaction ID:</b> SB23.14363 <b>Date of Disbursement</b>
Mailing Address 48 Grove Street Suite 202	<div> <div>10</div> <div>07</div> <div>2010</div> </div>
City Somerville State MA Zip Code 02144	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind - Phone Calls	<div>100.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Voter Activation Network	<b>Transaction ID:</b> SB23.14364 <b>Date of Disbursement</b>
Mailing Address 48 Grove Street Suite 202	<div> <div>10</div> <div>07</div> <div>2010</div> </div>
City Somerville State MA Zip Code 02144	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-Kind - Phone Calls	<div>40.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ELAINE FOLK MARSHALL</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: NC District: 00</p>	<p><b>Transaction ID:</b> SB23.14368</p> <p>Date of Disbursement  <div> <div>10</div> <div>10</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>400.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ELAINE FOLK MARSHALL</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: NC District: 00</p>	<p><b>Transaction ID:</b> SB23.14371</p> <p>Date of Disbursement  <div> <div>10</div> <div>10</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>400.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ELAINE FOLK MARSHALL</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: NC District: 00</p>	<p><b>Transaction ID:</b> SB23.14374</p> <p>Date of Disbursement  <div> <div>10</div> <div>10</div> <div>2010</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div>20.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**820.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14375

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14376

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
ELAINE FOLK MARSHALL

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.14377

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 48

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ELAINE FOLK MARSHALL</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: NC District: 00</p>	<p><b>Transaction ID:</b> SB23.14378  <b>Date of Disbursement</b>  <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>400.00</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ELAINE FOLK MARSHALL</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: NC District: 00</p>	<p><b>Transaction ID:</b> SB23.14379  <b>Date of Disbursement</b>  <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>200.00</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <hr/> <p>Mailing Address 48 Grove Street Suite 202</p> <hr/> <p>City Somerville State MA Zip Code 02144</p> <hr/> <p>Purpose of Disbursement In-Kind - Phone Calls</p> <hr/> <p>Candidate Name ELAINE FOLK MARSHALL</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          State: NC District: 00</p>	<p><b>Transaction ID:</b> SB23.14380  <b>Date of Disbursement</b>  <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>50.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 48 Grove Street  
Suite 202

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
In-Kind - Phone Calls

Candidate Name  
ELAINE FOLK MARSHALL

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.14381

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

5035.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 47 / 48

FOR LINE NUMBER:  
(check only one)

<input checked="checked" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 KRYSTAL BALL FOR CONGRESS

 Nature of Debt (Purpose):  
 Payroll Expenses

Mailing Address 1703 FRANKLIN STREET

City	State	ZIP Code
FREDERICKSBURG	VA	22401

Outstanding Balance Beginning This Period

2218.07

Transaction ID: SD9.11513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2218.07

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2218.07

2) **TOTALS** This Period (last page this line number only)..... ▶

2218.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2218.07

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 48 / 48

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Adam Green

**Nature of Debt (Purpose):**  
 Food

**Mailing Address** 1630 R Street, NW  
 #703

**City** Washington **State** DC **ZIP Code** 20009

Outstanding Balance Beginning This Period

97.68

Transaction ID: SD10.11923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

97.68

1) **SUBTOTALS** This Period This Page (optional)..... ▶

97.68

2) **TOTALS** This Period (last page this line number only)..... ▶

97.68

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

97.68